

HEALTH EQUITY BEFORE, DURING, AND AFTER A DISASTER

Just in Time Training



Office of Health Equity
VDH VIRGINIA
DEPARTMENT
OF HEALTH



Objectives of this Training

- Discuss the rationale for centering equity in Disaster response
- Understand the differences between equity and equality
- Define key terms
- Summarize research about health equity
- Explain the social determinants of health
- Understand data and research related to health equity
- Explain unconscious bias and cultural humility



Rationale for Centering Equity in Disaster Response

- Equity should be centered in our work both IN and OUT of times of Disaster.
- When localities and institutions act fast without regard to equity, they are more likely to act on biases that reinforce, generate, and/or exacerbate inequities that negatively impact people of color, disabled people, queer people and rural communities.





Equity \neq Equality



- **Equity** is giving people the amount of resources they actually need.
- **Equality** is giving everyone the same amount of resources.



The difference between

EQUALITY & EQUITY

“ The route to achieving **equity** will not be accomplished through treating everyone **equally**. It will be achieved by treating everyone justly according to their circumstances. ”

—Paula Dressel, Race Matters Institute



Defining Key Terms

Health Equity

- When all people and communities have the opportunity to attain their full potential and highest level of health. (CommonHealth ACTION, Braveman and Gruskin, 2003).

Health Disparity

- Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities. (Boston Public Health Commission)

Health Inequity

- Differences in health that are rooted in systems of oppression; therefore they are unnecessary and avoidable. (CommonHealth ACTION)



Definition: Communities of Color

- **Communities of Color** are identity-based communities that hold a primary racial identity that describes shared racial characteristics among community members.
- At present, in the Commonwealth of Virginia, communities of color include but are not limited to those who identify as:
 - Native American or Virginia Indian,
 - Hispanic, Hispanic American, Latinx,
 - Asian, Asian American,
 - Pacific Islander,
 - African American, Black, African,
 - Middle Eastern, and
 - Slavic.



Research Tells the Truth

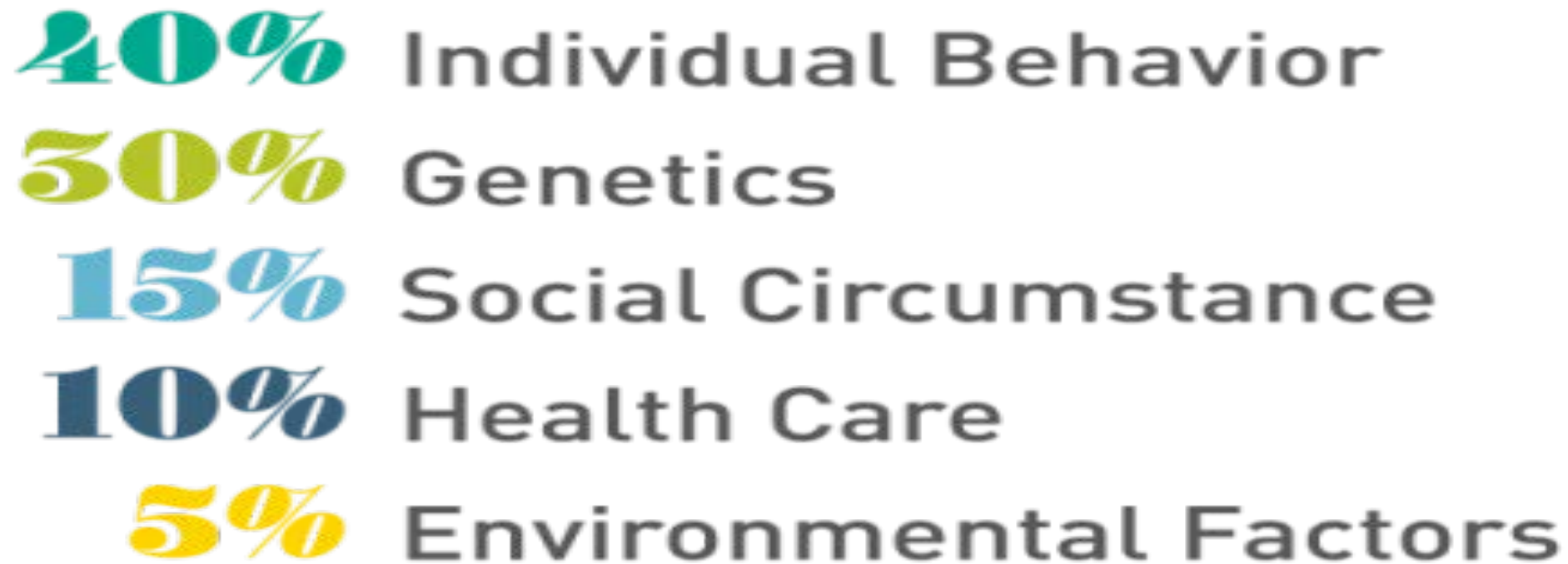


Research shows that problems like poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration, to include social and physical, shape health and contribute to health inequities.

-National Academy of Sciences



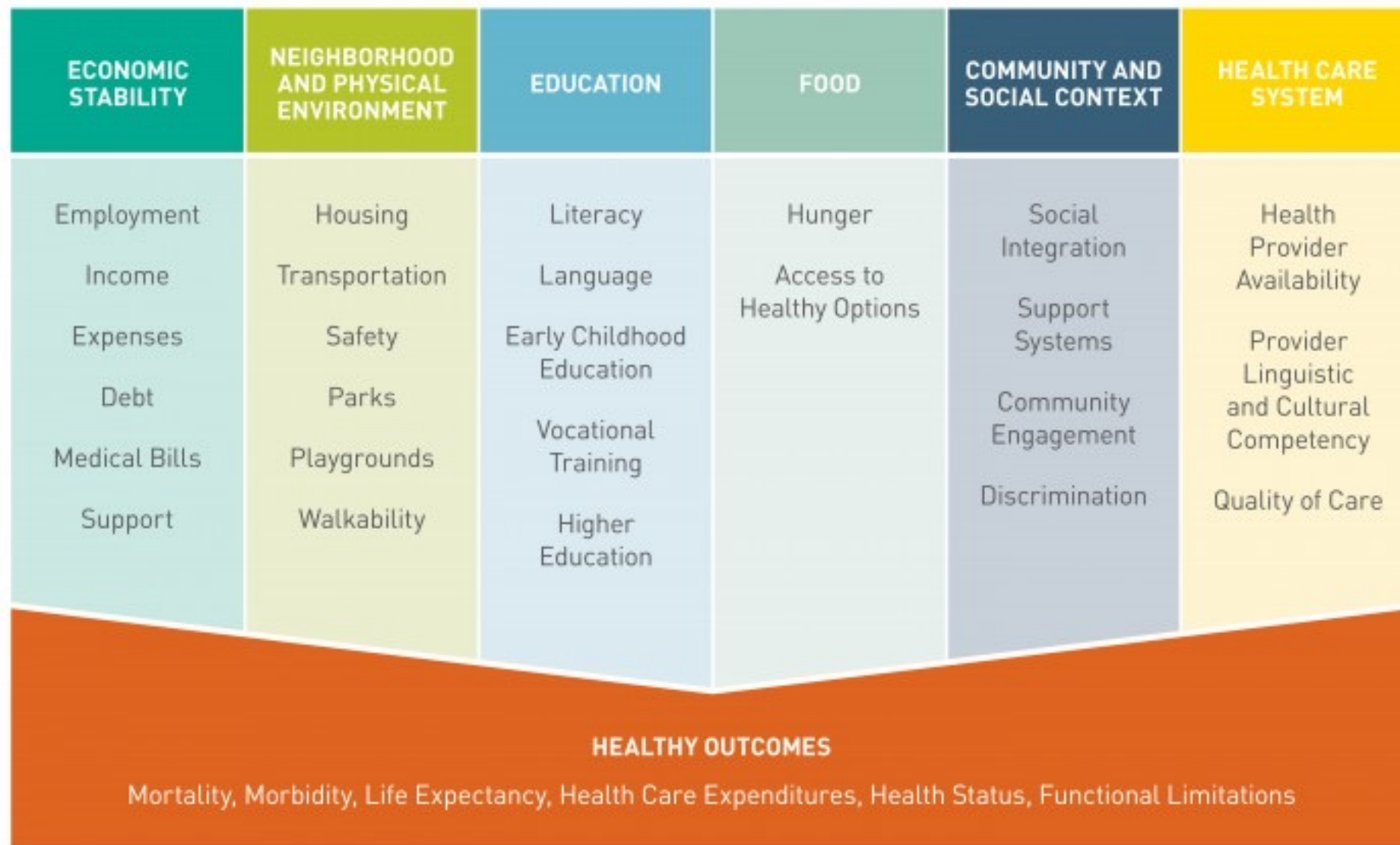
Determinants of Overall Health



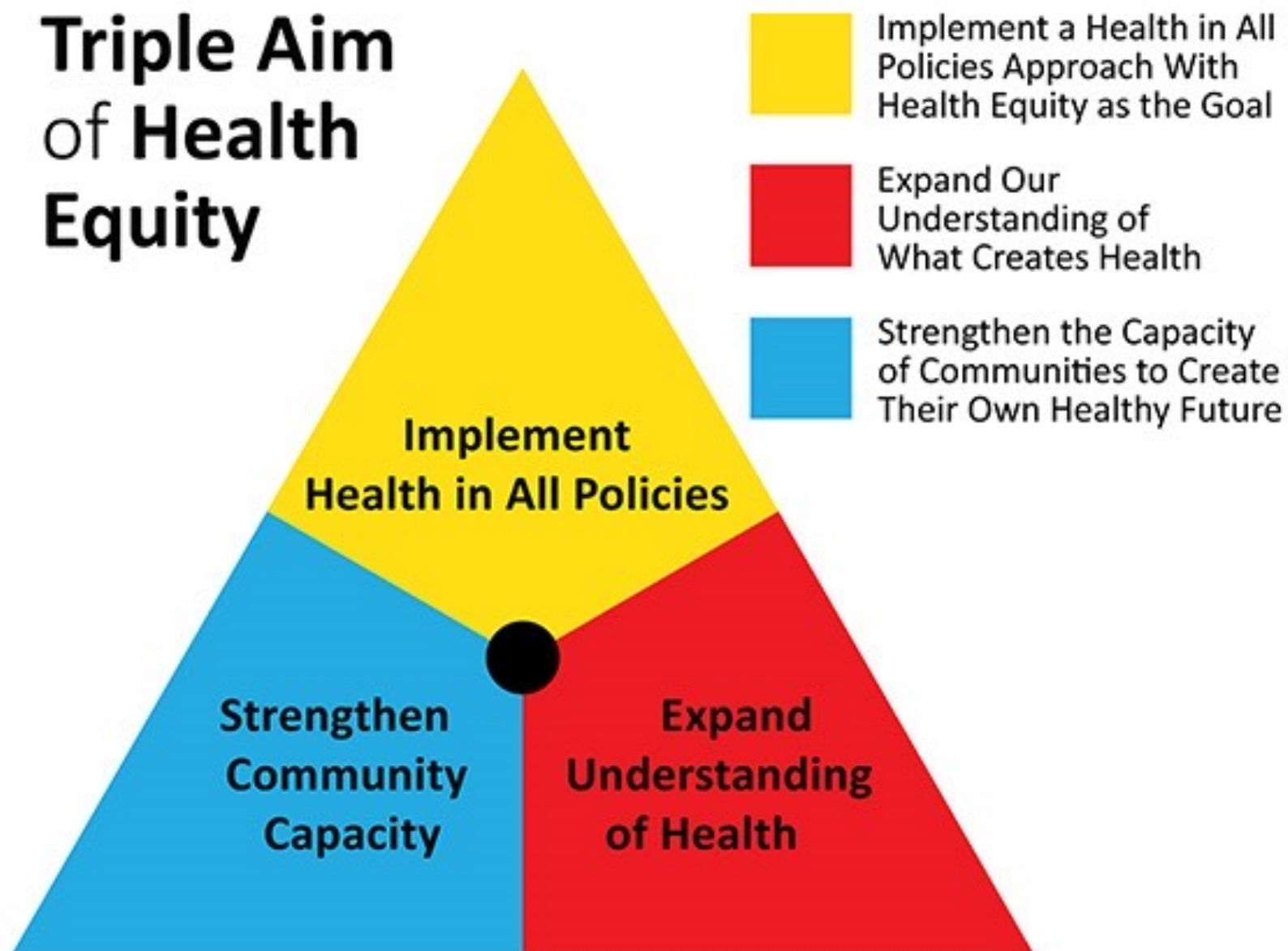
Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007 Massachusetts Medical Society. All rights reserved.



Social Determinants of Health



Triple Aim of Health Equity



Advancing Health Equity in Disaster Response and Recovery

Leading with an equity lens generally is commensurate with, but not limited to the following factors:

- **Governance and Procedural Equity**
- **Resource Allocation and Placement**
- **Outcomes**
- **Solutions and Problem-Solving**



Message & Messenger Matter

Message:

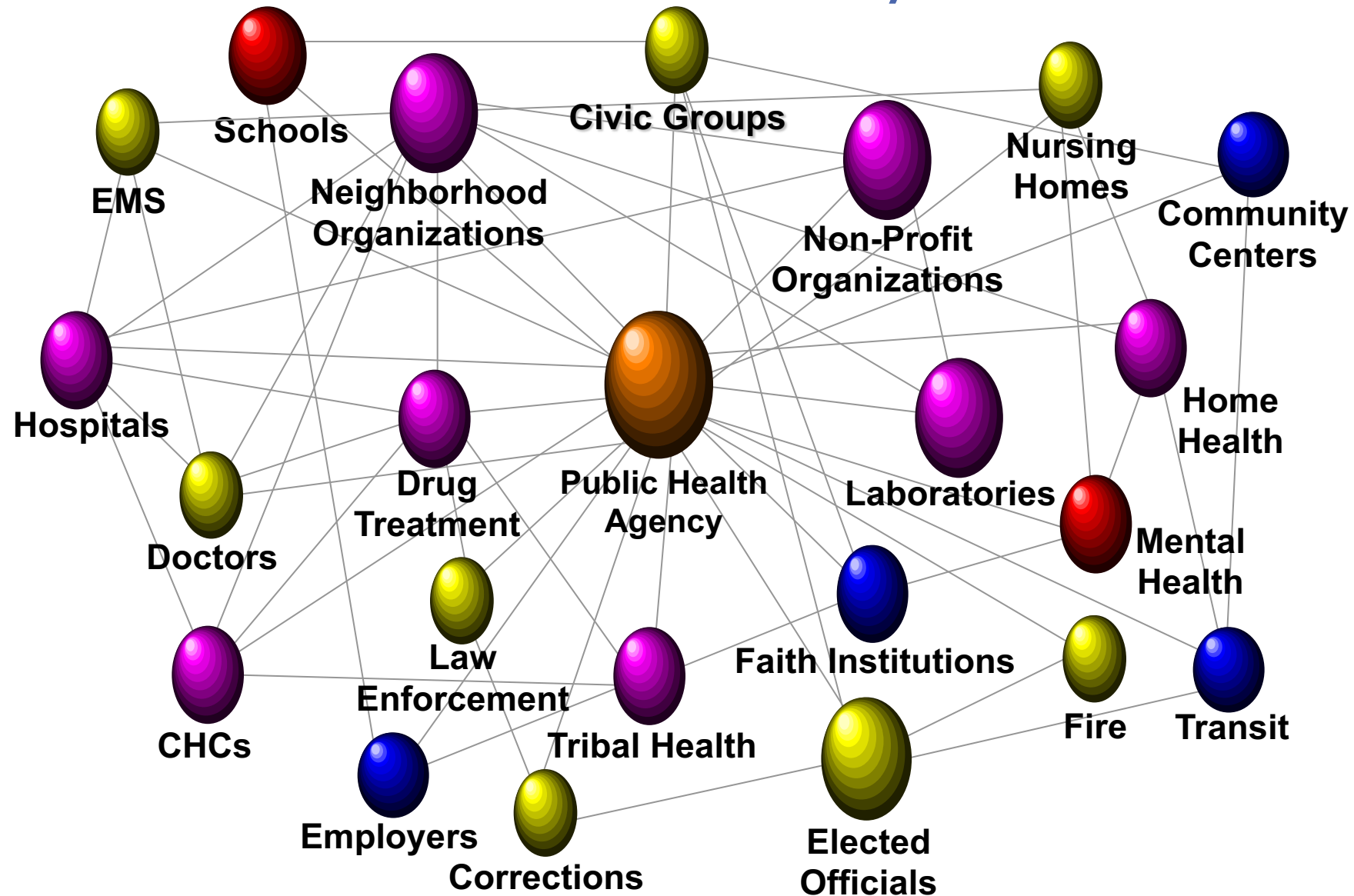
- What is said

Messenger:

- Who is saying it



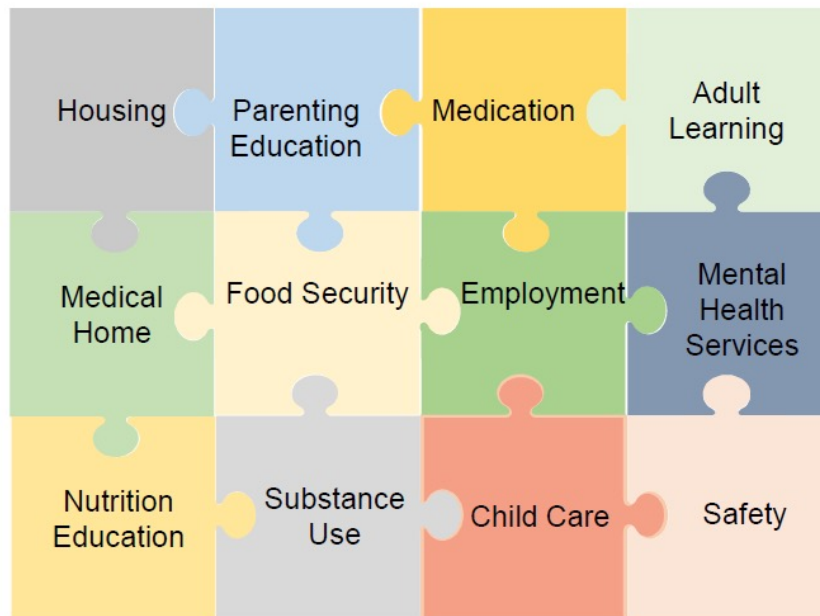
Public Health System



Community Collaboration

Risk Factors Addressed to Achieve

Wellness



- Training and education
- Support groups
- Care coordination
- Home improvement
- Transportation
- Community health programs
- Housing supports
- Resource assistance



Collective Impact

Common Agenda

- Coming together to collectively define the problem and create a shared vision to solve it.

Setting Expectations

- Agreeing to track progress in the same way, which allows for continuous improvement.

Mutually Reinforcing Activities

- Coordinating collective efforts to maximize the end result.

Continuous Communication

- Building trust and relationships among all participants.

Strong Backbone

- Having a team dedicated to orchestrating the work of the group



ADVANCING HEALTH EQUITY BY LEVERAGING DATA



DATA



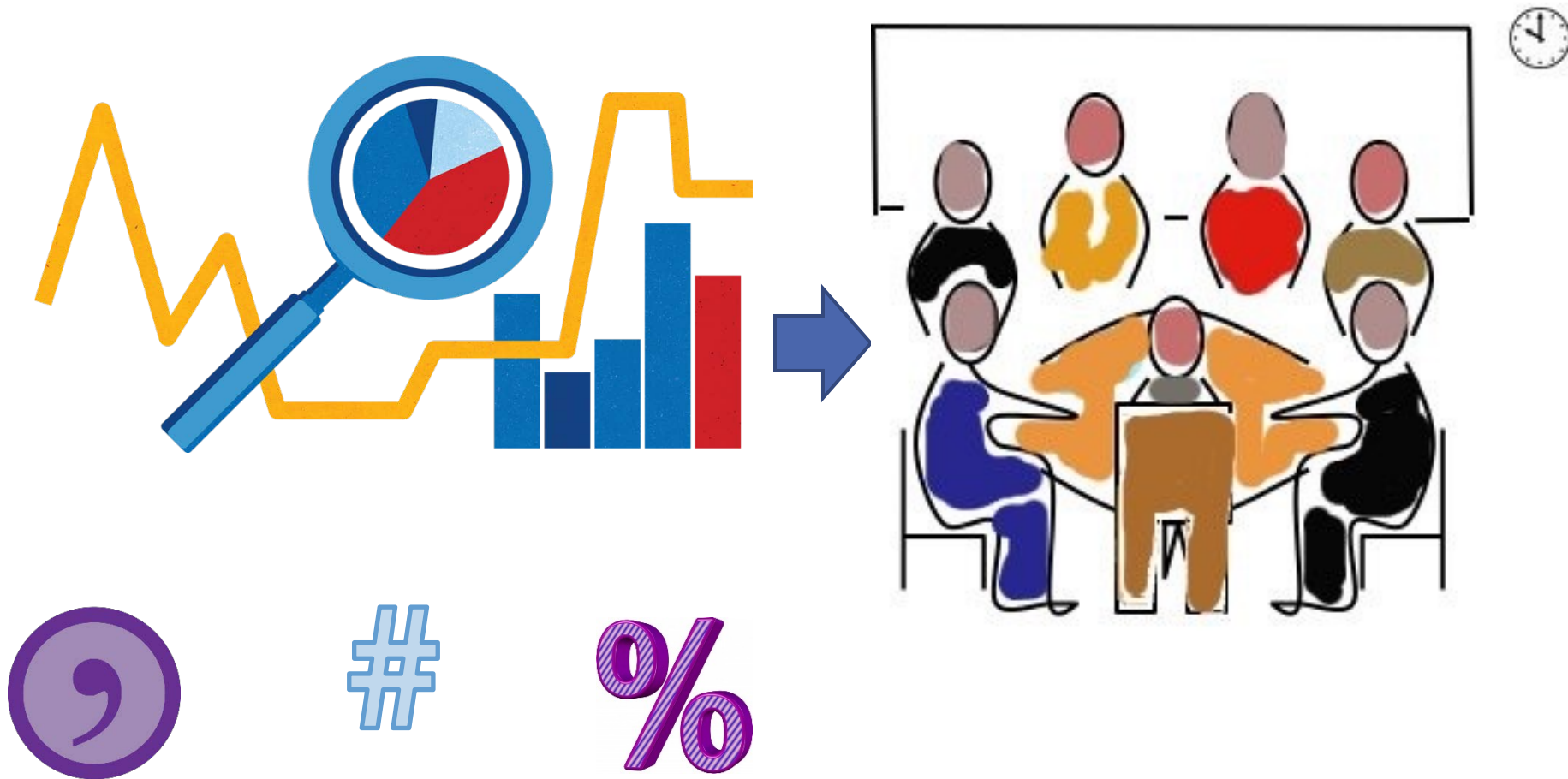
KNOWLEDGE



ACTION

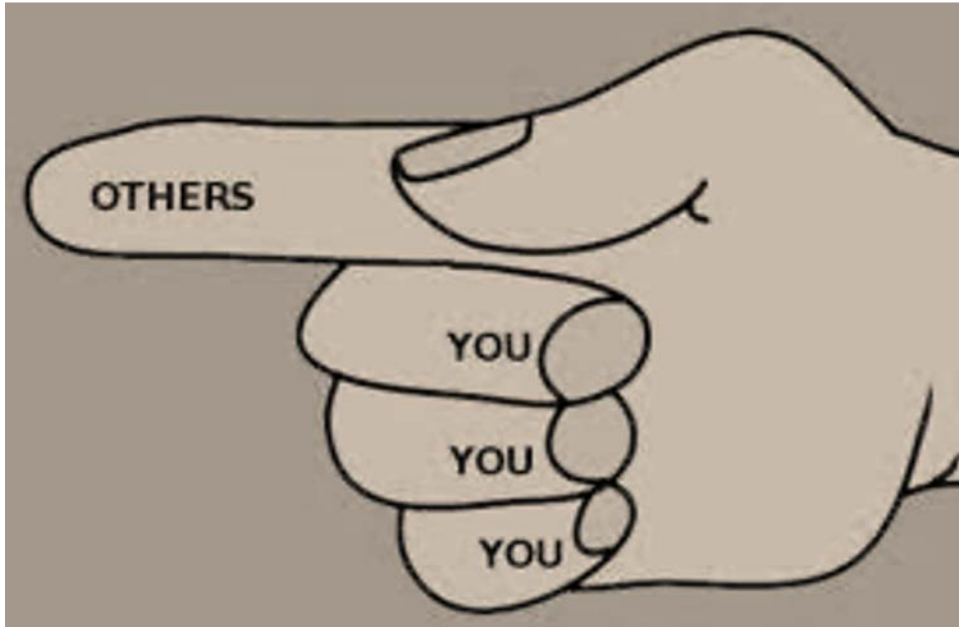


Beyond Rates, Percentages and Raw Numbers



Telling Untold Stories and Using Data to Rewriting Story Endings

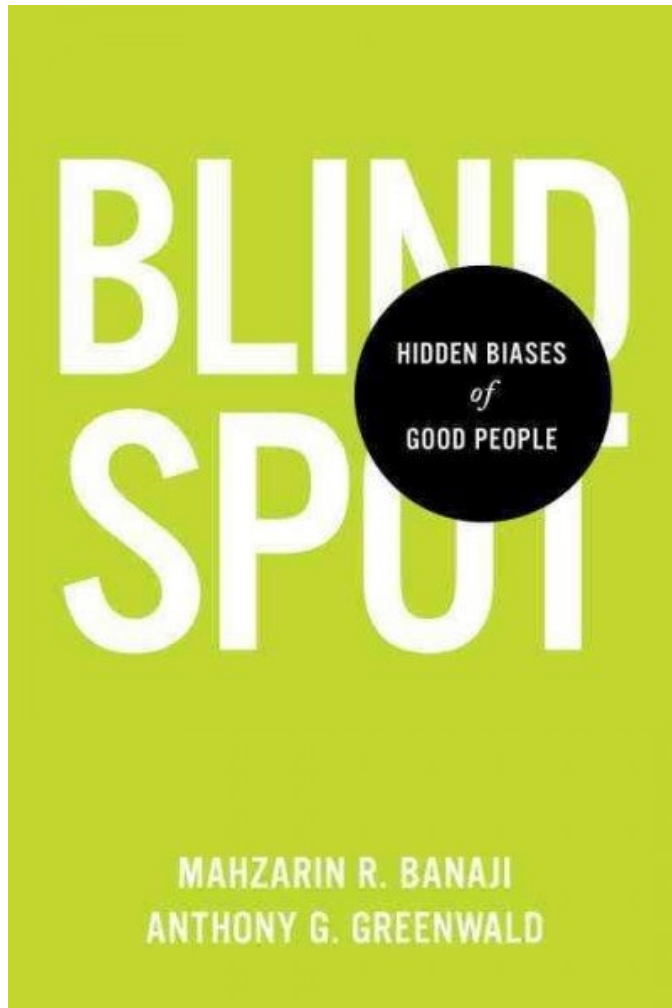




**CHECK
YOUR
BIAS**



Self-Awareness Tools: How to check your bias



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Whichever IAT you do, we will ask you (optionally) to report your attitudes toward or beliefs about these topics, and provide some general information about yourself. These demonstrations should be more valuable if you have also tried to describe your self-understanding of the characteristic that the IAT is designed to measure. Also, we would like to compare possible differences among groups in their IAT performance and opinions, at least among those who decide to participate.

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Important disclaimer: In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine [general information about the IAT](#) before deciding whether or not to proceed.

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Gender



Typical Leadership?

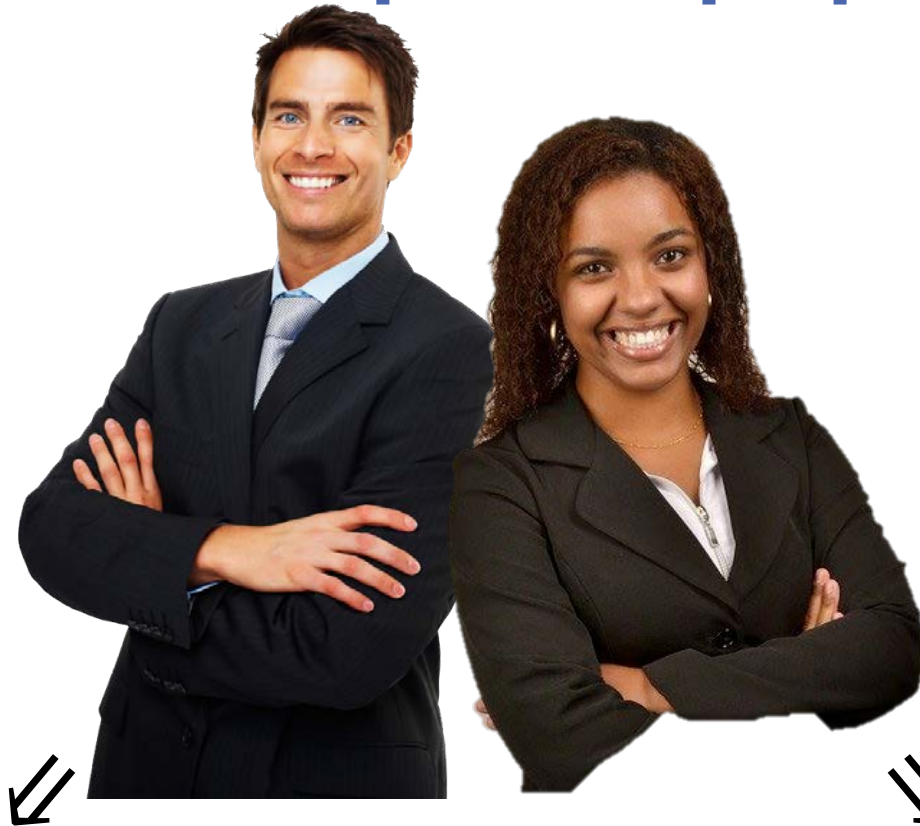


Provider, leader,
assertive, strong

Supportive, emotional,
helpful, sensitive



Leadership Approach?



Taking charge

Taking care



Leadership Flip



Supportive, emotional,
helpful, sensitive

Provider, leader, assertive,
strong, diverse



Does this seem off?



Taking care



Taking charge



Cultural Humility

“To be culturally humble means that I am willing to learn,”

- Joe Gallagher

- Awareness in one's self and all the ideas we carry
- Reflects a lifelong commitment to self-evaluation and self-critique
- Intentional work to override deeply embedded beliefs.



Racial Equity Impact Assessment Guide for Economic Policies and Public Budgets

| Stage | Questions for Consideration |
|--|---|
| 1. Analyzing Current Problems | <p>A. What are the adverse effects that different disadvantaged racialized communities experience under current conditions, policies, practices, and expenditures?</p> <p>B. What are the causes or contributing factors (e.g. unfair policies and practices, inequitable or insufficient funding formulas) that produce or perpetuate the inequities?</p> <p>C. What data or evidence is available or can be collected to demonstrate the racial inequities, adverse effects, contributing causes, trends and current needs?</p> |
| 2. Developing and Advancing Proposed Changes | <p>A. What steps can insure public input and participation by the most disadvantaged racial communities and stakeholders in developing proposed policies and budgets?</p> <p>B. What new policies, programs, funding streams are needed to address the needs and inequities that different racialized communities face?</p> <p>C. What changes in existing policies, programs, budgets would reduce racial inequities?</p> <p>D. What new opportunities can be created to enhance equity, inclusion and unity across different racial/ethnic groups?</p> <p>E. What specific equitable outcomes will this achieve and what are the success indicators?</p> <p>F. How can these proposed changes be effectively designed in such a way to make them most viable, enforceable and sustainable?</p> |
| 3. Analyzing Current Proposals | <p>A. Will the proposal reduce, limit or eliminate programs that are vital to or disproportionately needed by, particular disadvantaged racial/ethnic communities?</p> <p>B. Will the proposal increase, expand or create programs that are vital to or disproportionately needed by, particular disadvantaged racial/ethnic communities?</p> <p>C. Will the proposal miss or create opportunities to benefit and unify people across different racial/ethnic communities?</p> <p>D. Will there be enough money allocated to address real racial inequities with fair and sustainable revenue streams?</p> <p>E. Will there be adequate provisions to ensure success and fairness, including sufficient public participating by stakeholders in development, implementation and evaluation?</p> <p>F. What modifications in the proposal are needed to maximize racial equity and inclusion?</p> |

Guided Questions

- Utilize the “Racial Equity Impact Assessments of Economic Policies and Public Budgets” (<https://www.raceforward.org/practice/tools/racial-equity-impact-assessments-economic-policies-and-budgets>) in policy-making and resource allocation decision-making across all levels of leadership before, during and after a Disaster.

NOTE: Though framed in terms of race, this framework can also be used to ensure policies are equitable for other populations (e.g. people with different abilities, LGBTQ+ communities, etc.)



THANK YOU!



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References

The Community Guide: Promoting Health Equity

Office of Minority Health & Health Equity,
CDC

Healthy People 2020 Educational and
Community-Based Programs

The Community Guide website